

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-28-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 76000 and 99070-ST.

II. FINDINGS & RATIONALE

Per Surgery GR (V) titled Surgical Procedures Performed in a Doctor's Office, (A) In order for the doctor's office to qualify for facility reimbursement for surgical procedures performed in a doctor's office, the office shall meet the following requirements:

1. a complete and routinely checked crash cart;
2. a registered nurse, CRNA, or doctor dedicated to the 'facility' room;
3. a separate observation or recovery room;
4. patient monitoring equipment, including EKG and pulse oximetry equipment; and
5. support staff and equipment to ensure that the care received by the patient is the same as that which would have been received in an ambulatory surgical center or in the outpatient surgical ward of a hospital.

(B) If the above listed requirements are met, the only reimbursements allowed for facility charges shall be the following:

1. Sterile trays (which include **all** supplies, gloves, utensils, needles, suture material, etc needed to perform procedure). These shall be billed using 99070-ST. Reimbursement is the lesser of the doctor's usual charge or fair and reasonable reimbursement. DOP is required if charges are \$50.00 or greater.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-3-02 6-20-02 7-11-02	76000	\$150.00	\$0.00	G	\$110.00	TWCC Advisory 97-01	Per Advisory 97-01 procedure is not global, reimbursement of \$110.00 X 3 = \$330.00 is recommended.
6-3-02 6-20-02	99070ST	\$278.91	\$0.00	F	DOP	Surgery GR (V)(B)	Reimbursement of \$278.91 X 2 = \$557.82.
TOTAL							The requestor is entitled to reimbursement of \$887.82 .

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 76000 and 99070-ST in the amount of **\$887.82**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$887.82** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2nd day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division